



CITY OF COVINGTON

Covington Jobs Incentive Program Application

Date: _____

Is this an amendment to the initial application for incentives? _____

Applicant Information: (Entity applying for Incentives)

Company Name: _____

Mailing Address: _____

Federal Employer ID Number: _____ NAISC Code: _____

Company Organization: _____ State of Organization: _____

Contact Person: _____ Title: _____

Telephone: _____ Email Address: _____

Has the applicant, or any owner or affiliate of the applicant, ever been convicted of any criminal offenses, been in receivership or adjudicated a bankruptcy, or been denied a business related license or had a business related license suspended or revoked by any administrative, governmental or regulatory agency?

Project Location

Address: _____

Activity at the Project: _____

Is location in a Tax Increment Financing district? _____

Is the contact person for the project location the same as the person listed? _____

If no, please complete the following:

Contact Person: _____ Email: _____

Telephone: _____ Fax: _____

Company Ownership

Please identify all owners of the company with 20% or more interest in the company. The Cabinet may run a background check on individuals identified as holding 20% or more interest in the company. For subsidiaries, please include the parent company.

Company or Individual Name (provide date of birth for individuals)	City	State	FEIN / Social Security Number	Ownership Percent

Existing Kentucky Locations

Other than the proposed project location, does the applicant have any existing Kentucky locations? ____
If yes, please complete the following:

Company Name	Address	City	# Employees full-time positions

Please attach additional listing if more space is needed.

Affiliates with Relation to the Project

Will ant affiliated entity by the owner or lessor of the project? ____ If yes, please provide:

Affiliate Name: _____ FEIN: _____

Address: _____

Will any affiliated entity employ any employees at the site of the project? ____ If yes, please provide:

Affiliate Name	FEIN	Current number of full-time Employees

Please attached additional listing of more space is needed.

Facility Information

NEW LOCATION: Will the project be a new location in Covington? _____ If no, skip to expansion

Project Site Acreage: _____ Building Square Footage: _____

The facility will be: _____

New Constructions Provide the Anticipated Construction Dates:

Start: _____

Completion: _____

Acquisitions Answer the following:

Has the facility been unoccupied for more than 90 days? _____

EXPANSION

Will this expand an existing facility? _____

- a) Does the project involve additions or renovations to existing buildings? _____
- b) Does the project involve relocation from an existing facility? _____
- c) If b) is yes, is real estate available at or adjacent to the existing facility? _____

Present Acreage: _____ Present Square Footage: _____

Increased Acreage: _____ Increase Square Footage: _____

Total Acreage: _____ Total Square Footage: _____

Project Costs

Please provide the estimated investment cost in fixed assets.

Land	
Building (new construction / acquisition / additions)	
Improvements (existing buildings)	
Equipment (including installation costs)	
Start-up Costs (excluding equipment)	
Rent (leased projects only):	
Estimated annual rent:	
TOTAL INVESTMENT COSTS	

Start-up Costs include the costs incurred to furnish and equip a facility, such as computers, furnishings, office equipment, manufacturing equipment, fixtures, relocation of out-of-state equipment and nonrecurring costs of fixed telecommunication equipment.

Employment Wages and Benefits

Full-time, Kentucky resident employees are persons who are subject to Kentucky income tax and are employed by the company (or affiliate) at the project for at least 35 hours per week. (Do not include contract employees)

	Full-time, Kentucky Resident Employees
Current number at the project location	
Total number of new jobs to be created	
Total jobs projected by the end of the project	0

Total annual payroll for the current number of full-time, Cov. Resident employees: _____

Anticipated Wages for the New Jobs to be Created:

Lowest Hourly Wage: _____ Highest Hourly Wage: _____

Average Hourly Wage: _____ Average Total Hourly Compensation: _____

Total Hourly Compensation = Hourly Wage + Employee Benefits (life insurance, dental insurance, vision insurance, defined benefits plans, 401(k) plans or similar plans.)

Will the applicant provide benefits as part of the compensation package? _____

Will at least 90% of all new jobs created be offered at least some form of company paid employee benefit?

What is the value of the benefit package as a percent of wages or salary? _____

Indicate which of the following employee benefits will be offered as a company-paid benefit?

_____ Life Insurance _____ Dental Insurance _____ Other Retirement

_____ Health Insurance _____ Stock Purchase _____ Profit Sharing

_____ Disability Insurance _____ 401(k) _____ Other (list below)